

# APPLICATION FOR DISMISSAL

K-WC E-6 (Rev. 12-12) (K.S.A. 44-523(f))

DO NOT WRITE IN THIS SPACE

Date Stamp

Docket number (required): \_\_\_\_\_

Employee: \_\_\_\_\_  
First Middle Last

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

1. Set forth a reason listed in K.S.A. 44-523(f) for which dismissal is sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If the party is represented by an attorney, this form shall be signed by at least one attorney of record as required by K.S.A. 44-536a(a).

3. Are you interested in going through the Workers Compensation mediation process? ☐ YES ☐ NO

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Is applicant represented? ☐ YES ☐ NO

Attorney representing ☐ claimant ☐ respondent:

Attorney signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_  
(for purposes of hearing notices)

Phone: \_\_\_\_\_

Kansas Supreme Court number: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

Certified Stamp ALJ Copy

## Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.

DIVISION OF WORKERS COMPENSATION

401 SW Topeka Blvd., Suite 2, Topeka, KS 66603-3105 • Phone: (785) 296-4000 • Fax: (785) 296-8580 • Email: wc\_app\_rsch@dol.ks.gov